

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

The information on this form is complete and accurate to the best of my knowledge.

Date Signature, Chair, Board of Trustees

County: District: District Level:

11 Dawson 0206 Glendive Elem Elementary

11 Daws	son	10200	Gienaive	Elem			Elemen	цагу
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	1	1	20	1.57	72	12/29/04		
70	1	10	100	0.95	18	12/29/04		
70	1	10a	11	0.95	18	12/29/04		
100	1	1a	11	1.57	72	12/29/04		
70	1	2	84	1.57	72	12/29/04		
70	1	3	59	1.57	72	01/02/05		
70	1	4	55	1.57	72	12/29/04		
70	1	4a	7	1.57	72	12/29/04		
70	1	5	30	1.57	72	12/29/04		
100	1	5a	6	1.57	72	12/29/04		
70	1	6	21	1.57	72	12/29/04		
70	1	6a	7	1.57	72	12/29/04		
70	1	7	30	1.57	72	12/29/04		
100	1	7a	13.8	1.57	72	12/29/04		
100	1	7b	12	1.57	72	12/29/04		
70	1	8	78	1.36	65	01/02/05		
100	1	9	30	1.57	72	12/29/04		
100	1	noon k1	9	0.95	16	12/29/04		
100	1	noon k2	9	1.57	72	12/29/04		
100	1	Noon k3	11	0.95	18	12/29/04		
70	1	Spec Ed 1	23	0.95	16	12/29/04		
70	1	Spec Ed 2	17	0.95	24	12/29/04		
100	1	Spec Ed 2a	12	0.95	24	12/29/04		
70	1	spec.ed	23	0.95	16	12/29/04		
100	1	spec.ed 2a	12	0.95	24	12/29/04		

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CO

spec.ed

23

0.95

16

12/29/04

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State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 11 Dawson 0207 Dawson H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 30 CO 1 20 1.57 72 12/29/04 30 CO 10 100 0.95 18 12/29/04 30 CO 10a 0.95 12/29/04 11 18 2 30 CO 84 1.57 72 12/29/04 3 59 72 30 CO 1.57 01/02/05 30 CO 4 55 1.57 72 12/29/04 7 30 CO 4a 1.57 72 12/29/04 30 5 30 1.57 72 12/29/04 CO 72 30 CO 6 21 1.57 12/29/04 7 72 30 CO 6a 1.57 12/29/04 30 CO 7 30 1.57 72 12/29/04 8 30 CO 78 1.36 65 01/02/05 30 CO Spec Ed 1 23 0.95 12/29/04 16 30 CO Spec Ed 2 17 0.95 24 12/29/04

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District	
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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT	FOR SCHOOL BUS TRANSPORTATION:
This claim	is for the period beginning	and ending
	month day	month day
CERTIFI	CATION:	
The inform	nation on this form is complete and accurate to the best of my know	ledge.

THE IIIOI	mation on	tnis form is comp	nete anu	accurate to the	e best of my kin	owieuge.				
Date				Signature, Chair, Board of Trustees						
County:			District	:]	District Le	vel:
11 Daws	son		0227	Richey E	lem]	Elemen	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Day Opera		Bus Driver's Social Security #
40	78J	1		116	0.95	35	01/18/05			
55	78J	2		103.8	0.95	30	01/18/05			
75	78J	3		110	0.95	33	01/18/05			

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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 11 Dawson 0228 Richey H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 60 2 1 116 0.95 35 01/18/05 2 2 45 103.8 0.95 30 01/18/05 2 25 3 110 0.95 33 01/18/05

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